

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000000952**

1. Entity Name  
**SOUND DOCTRINE MINISTRIES CHURCH, INC.**



Principal Place of Business  
**980 LAKESHORE DR  
DELTONA, FL 32738**

Mailing Address  
**P.O. BOX 4396  
SANFORD, FL 32772**



01032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0535195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BLACK, ISRAEL JR  
206 TERRY LANE  
SANFORD, FL 32771**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000777497  
01/10/08-80010-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BLACK, ISRAEL JR 206 TERRY LANE SANFORD, FL 32772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, GWENDOLYN M 206 TERRY LANE SANFORD, FL 32772
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERRY, LOTTIE 641 OUTRIGGER DR DELTONA, FL 32738
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINKNEY, HAROLD 2145 FAIRLANE DR TITUSVILLE, FL 32780
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Israel Black Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #